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PTO/SB/01 (12-97) Approved for use through 9/30/00.OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

| OIPE      | Onde                      | r the Paperwork control number. | Reduc | tion A            | ct of 1995, no persons are          | required to respond to a collection | of information unless it contains a valid |  |  |  |
|-----------|---------------------------|---------------------------------|-------|-------------------|-------------------------------------|-------------------------------------|-------------------------------------------|--|--|--|
| ĺ         | OWE                       | CONTOL ADAT                     | ION   | EO                | R UTILITY OR                        | Attorney Docket Number              | 25885-704                                 |  |  |  |
| MAR 2 5 2 |                           | •CLARA I                        | DE    | SIG               | N                                   | First Named Inventor                | WANG                                      |  |  |  |
| à         | PATENT APPLICATION        |                                 |       |                   |                                     | COMPLETE IF KNOWN                   |                                           |  |  |  |
| MAR 2 3 2 | PIT.                      | (3                              |       |                   | 1.63)                               | Application Number                  | 10/091,371                                |  |  |  |
|           |                           | Declaration                     |       | $\boxtimes$       | Declaration Submitted after Initial | Filing Date                         | 03/04/2002                                |  |  |  |
|           | Submitted OR with Initial |                                 |       | Filing (surcharge | Group Art Unit                      | 1614                                |                                           |  |  |  |
|           |                           | Filing (37 CFR 1.16 required)   |       |                   |                                     | Examiner Name                       | Not Yet Assigned                          |  |  |  |

|                                                               |                                          |                             |                         | _               |                                             |                    |
|---------------------------------------------------------------|------------------------------------------|-----------------------------|-------------------------|-----------------|---------------------------------------------|--------------------|
| As a below named Invento                                      | r. I hereby declare                      | that:                       |                         |                 |                                             |                    |
| My residence, post office a                                   | ddress and citizer                       | nship are as stated below   | next to my nam          | ₽.              |                                             |                    |
|                                                               |                                          |                             | tisted below) or        | an original. 1  | first and joint inve                        | ntor (if plural    |
| I believe I am the original,<br>names are listed below) of    | the subject matter                       | which is claimed and for    | which a patent is       | sought on t     | he invention entitle                        | ed:                |
|                                                               |                                          | MINIO DI ADETI              | e mei i it              | TIS ME          | THODS OF                                    | USE AND            |
| COMPOSITIONS                                                  | S FOR TREA                               | CTYPING DIABLIE             | CECC OF T               | HE SAM          | IF.                                         |                    |
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|                                                               |                                          | (Title of the In            | vention)                |                 |                                             |                    |
| an at a stankish                                              |                                          | (Title of the lin           | venuony                 |                 |                                             |                    |
| the specification of which is attached hereto                 |                                          |                             |                         |                 |                                             |                    |
| OR ⊠ was filed on (MM/I                                       | DD/YYYY) [                               | 03/04/2002                  | as United S             | tates Applica   | tion Number or Po                           | CT International   |
| Application Number 10/091                                     | .371 and was am                          | ended on (MM/DD/YYY)        | (if application)        | able).          |                                             | ,                  |
| I haraby state that I have                                    | reviewed and un                          | derstand the contents of    | of the above ide        | ntified specif  | fication, including                         | the claims, as     |
| amended by any amendmen                                       | nt specifically refer                    | red to above.               |                         |                 |                                             |                    |
| I acknowledge the duty to di                                  | sclose information                       | which is material to pate   | entability as defin     | ed in 37 CFR    | 1.56.                                       |                    |
|                                                               |                                          |                             | Doce/h) of ony          | foreign anni    | ication(s) for pate                         | ent or inventor's  |
| I hereby claim foreign prior<br>certificate, or 365(a) of any | nty benefits under<br>v PCT internationa | al application which des    | ignated at least        | one country     | other than the U                            | Inited States of   |
| certificate, or 365(a) of any<br>America, listed below and h  | ave also identified                      | below, by checking the      | box, any foreign        | application     | for patent or invel<br>crity is claimed     | ntors centificate, |
| America, listed below and hor of any PCT international        | application having                       | a filing date before that c | of the opposite         |                 |                                             |                    |
| Prior Foreign Application                                     |                                          | Foreign Filing Date         | Priority<br>Not Claimed |                 | Certified Copy Attached? YES NO             |                    |
| Number(s)                                                     | Country                                  | (MM/DD/YYYY)                |                         |                 |                                             | . П                |
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|                                                               | Ì                                        |                             |                         |                 |                                             |                    |
| Additional foreign applic                                     | cation numbers are                       | e listed on a supplementa   | al priority data sh     | eet PTO/SB/     | 028 attached here                           | to:                |
| I hereby claim the benefit u                                  | nder 35 U.S.C. 11                        | 9(n) of any United States   | provisional app.        | ication(s) list | ed below.                                   |                    |
| . Application Number                                          | er(s)                                    | Filing Date (MM/DD          | /T T T T)               |                 |                                             |                    |
|                                                               |                                          |                             |                         |                 | tional provisional a                        |                    |
|                                                               |                                          |                             |                         |                 | pers are listed on<br>plemental priority of |                    |
|                                                               |                                          |                             |                         | PTO             | /SB/028 attached                            | hereto.            |
|                                                               |                                          |                             |                         |                 |                                             |                    |
| i                                                             | Į.                                       |                             |                         |                 |                                             |                    |

(Page 1 of 2)

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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| Under<br>contair                                                       | ns a valid ON | VR couttor unu                                    | Act of 1995, no                                                                                        |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                     |                                                              | cation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                         |                                                 |
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| U.S. Pare                                                              | ent Applica   | ation of PC                                       | Parent Numb                                                                                            |                                          | $\top$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                        |                                                     |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         | •                                               |
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|                                                                        | DOT into      | mational applic                                   | cation numbers are                                                                                     | listed on                                | a suppl                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | emental p                                                              | riority (                                           | data sheet F                                                 | PTO/SB/028 at                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | tached                                  | hereto.                                         |
| Additional U.S<br>As a named inventional Asset and Trader              | . I harahy    | appoint the fol                                   | lowing registered with:                                                                                | practitione<br>ner Numbe                 | er(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 21971                                                                  | <u> </u>                                            |                                                              | <b>→</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Place (                                 | siness in the<br>Customer<br>r Bar<br>abel here |
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| Country I hereby declare believed to be punishable by application or a | ine or impris | onment, or bot                                    | Telephone herein of my own statements were h, under 18 U.S.C                                           | knowledge<br>made with<br>C. 1001 an     | e are tr<br>the kn<br>nd that                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ue and th<br>owledge t<br>such willfi                                  |                                                     | tatements<br>Iful false statements                           | made on informatements and s may jeopard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | nation<br>the lik<br>ize the            |                                                 |
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| Inventor's Signature                                                   |               |                                                   | veng wa                                                                                                |                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                     | US                                                           | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                         | China                                           |
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|                                                                        | i inventors a | re being name                                     | ed on the <u>1</u> suppl                                                                               | ementai P                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 101 1114011                                                            | (3)                                                 | ·                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                         |                                                 |

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## **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

| Name of Additional   | loint Inventor         | if any:     |               |                                        | petition has  | s been filed fo | r this unsig      | ned i    | nventor     |  |
|----------------------|------------------------|-------------|---------------|----------------------------------------|---------------|-----------------|-------------------|----------|-------------|--|
|                      | Family Name or Surname |             |               |                                        |               |                 |                   |          |             |  |
| Given Name           | (first and middle (i   | rany)       |               |                                        |               |                 | 270.10            |          |             |  |
|                      | Lin                    |             | Lei           |                                        |               |                 |                   |          |             |  |
| Inventor's Signature |                        |             |               | Τ                                      | Date          | 0               | 7-02-02           |          |             |  |
| Residence: City      | Meishan                | State       | Sich<br>Provi |                                        | Country       | China           | Citizenship China |          |             |  |
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| Name of Additional   | l Joint Inventor       | , if any:   |               |                                        | A petition ha | as been filed f | or this unsig     | gned     | inventor    |  |
| Given Name           | e (first and middle (  | if any)     |               | Family Name or Surname                 |               |                 |                   |          |             |  |
| Given Nume           |                        |             |               |                                        |               |                 |                   |          |             |  |
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| Inventor's Signature |                        | 1           | ·<br>         |                                        | ,             | <del>.</del>    | Date              | <u> </u> | <u> </u>    |  |
| City                 |                        | State       | <u> </u>      |                                        | Country       |                 | Citizens          | hip      | <u></u>     |  |
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| Name of Additiona    | l Joint Invento        | r, if any:  |               |                                        | A petition h  | as been filed   | for this uns      | igned    | i inventor  |  |
|                      | e (first and middle    |             |               | Family Name or Surname                 |               |                 |                   |          |             |  |
| <u> Civoi ne</u>     |                        |             |               |                                        |               |                 |                   |          |             |  |
| Inventor's Signature |                        |             |               |                                        |               |                 | Date              |          |             |  |
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